								1999 Session	
							LRB or Bill	No./Adm. Rule	
	1	X ORK	GINAL		UPDATED		AB 48	(99-1343/1)	
FIS	CAL ESTIMATE	□ COR	RECTED		SUPPLEMENT	AL	Amendmen	nt No. if applicable	
	A-2048 (R10/92)			_		•			
Subject									
Classifying county jailers as protective occupation participants for WRS.									
Fiscal Effect									
State: No State Fiscal Effect									
Check columns below only if bill makes a direct appropriation Increase Costs - May be possi								be possible to absorb	
	or affects a sum sufficient appropriation.					Within Agency's Budget ☐ Yes ☐ No			
	☐ Increase Existing Appropriation ☐ Increase Existing Revenues								
	☐ Decrease Existing Appropriation ☐ Decrease Existing Revenues					☐ Decrease Costs			
	☐ Create New Appropriation							:	
Local: No local government costs									
1. ☐ Increase Costs 3. ☐ Increase Revenues 5. Types of Local Governmental U							nmental Units		
							affected:		
	☐ Permissive ☐ Mandatory		☐ Permissiv	e 🗆	Mandatory	☐ Towns	□ Vil	lages ☐ Cities	
		1				☐ Countie	s □ Ot	hers	
	☐ Decrease Costs	4. 🗆	Decrease R	Revenue	es	☐ School	Districts 🗆 V	TAE Districts	
	☐ Permissive ☐ Mandatory	1	☐ Permiss	ive 🗆	Mandatory			•	
Fund Sources Affected Affected Ch. 20 Appropriations									
☐ GPR ☐ FED ☐ PRO ☐ PRS ☐ SEG ☐ SEG-S S. 20.515									
Assumptions Used in Arriving at Fiscal Estimate									
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AB 48 allows county jailers who are participating employes in the Wisconsin Retirement System on the effective date of the bill to receive credit as a protective occupation participant for all years of creditable service earned after that date. If enacted, the bill will require the Department to make changes to an individual's record. The Department, however, will be able to perform this task with existing staff and resources.									
This fiscal estimate addresses only the administrative costs of AB 48. The Joint Survey Committee on Retirement									
Systems will estimate the fiscal effect on the trust fund.									
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Long-Range Fiscal Implications									
	•								
Age	ncy/Prepared by: (Name & Phone N	lo.)	Au	ıthorize	ed Signature/Tel	ephone No.		Date	
		-						1 100	
Der	partment of Employe Trust Funds	;			. W. '. 'D -	2 66 -	-3763	1 27/99	
Par	nela Henning 267-2929)aurc	1 Hinrichs	~~*			